

City of Tempe
Human Resources
Mail Stop 0209
PO Box 5002
Tempe, AZ 85280
www.tempe.gov



Maricopa Community Colleges
2411 West 14th Street
Tempe, AZ 85281-6950

Subject: Billing authorization for City of Tempe employees

This letter authorizes the Maricopa County Community College District (MCCCD) to bill the City of Tempe for resident tuition and fees (no course materials or prior charges) for the student and course(s) listed on the “Eligibility Confirmation Form” attached.

Invoices should be directed to:

City of Tempe, Human Resources
Attn: Sarah Jenkins | employeedevelopment@tempe.gov | 480-350-8418

Grade reports should be directed to:

City of Tempe, Employee Development
Attn: Jeremy King | employeedevelopment@tempe.gov | 480-695-3178

City of Tempe Eligibility Confirmation Form - MCCCDC

EMPLOYEE/STUDENT INSTRUCTIONS

Prior to the start of each class, complete the "Eligibility Confirmation Form" and submit to EmployeeDevelopment@tempe.gov for review and approval. Once the form has been signed, it will be returned to you via email. It is the student's responsibility to select their class(es) and then submit an enrollment request and the completed form to Devin Haynes at maricopa.edu/tempe-enroll.

EMPLOYEE/STUDENT INFORMATION

Legal First Name	Legal Last Name			Maricopa ID
Department and Job Title				Employee ID
Local Address	City	State	Zip	Phone Number
Course Name & Number			Start Date	End Date
Course Name & Number			Start Date	End Date
Course Name & Number			Start Date	End Date

Employer Release: I authorize the Maricopa County Community College District (MCCCDC) and my employer, the City of Tempe, to release and/or exchange information about me on a regular basis as needed to administer any tuition benefit, scholarship, grant, or any other education assistance program in which I participate. This includes payment of any eligible amount of the scholarship, grant, or tuition benefit for each class or term enrolled, if applicable. Information covered by this authorization to exchange information includes my name, employee ID, student ID, benefits eligibility, employment status and history, educational progress, coursework completion and/or grades to determine ongoing eligibility, academic standing, and tuition billing. **Complete the [online FERPA authorization](#) at MCCCDC, annually.**

By signing below, I certify that the submitted information is true and correct to the best of my knowledge and belief. If asked by an authorized official, I agree to provide additional proof of the information provided on this form. I understand that purposely providing false or misleading information on this form may result in reduction or repayment of aid, fines and/or imprisonment in this and/or future years.

Employee/Student Signature

Date

CITY OF TEMPE APPROVAL

I affirm the registrant named above meets the definitions and qualifications for use of the Maricopa Community Colleges Educational Partnership Program as an employee of the City of Tempe.

Official Printed Name	Tuition Amount (Calendar Year) Not to exceed \$6,500
Official Phone Number	Official Email

Signature

Date